



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
STATE PUBLIC HEALTH LABORATORY

ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

RECEIVED

REPORT #

Complete this report in duplicate at the time of the regular monthly preventative  
Send copy to Department of Health and Senior Services; retain original in department.

By Carol Day at 3:36 pm, Jun 17, 2015

Is repaired.

ALCO SENSOR IV SN 087963	PRINTER SN 096.3580.943	DATE OF INSPECTION 6/17/15
LOCATION OF INSTRUMENT (STREET AND CITY) 2101 Jeffco Blvd Arnold		TIME OF INSPECTION 0201

CHECKLIST: Place a mark in the box by each item if found to be satisfactory or if operating within established limits. (Write in observed values where determined.) Unmarked items must be corrected before using instrument.

☒ DIGITAL READOUT (ALL ELEMENTS OPERATIONAL)

☒ TEMPERATURE OF ALCO SENSOR (10°C - 40°C) 22°/23°/23°/24°

☒ PRINTER WORKING PROPERLY

☒ TIME AND DATE DISPLAYING PROPERLY

BREATH ALCOHOL ACCURACY STANDARDS

☒ SIMULATOR SOLUTION

☐ COMPRESSED ETHANOL-GAS MIXTURE

☒ STANDARD SUPPLIER Guth Labs LOT # 14220 EXP. DATE 9/24/16

☒ SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34.0 SIMULATOR SN 501909 SIMULATOR EXP DATE 2/9/15

☒ CALIBRATION CHECK - (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)

Run three tests using a standard solution. All three tests must be within ±5% of the standard value and must have a spread of .005 or less. Check the box corresponding to the standard solution being used. (PRINTOUT ATTACHED)

☒ 0.100% STANDARD - MUST READ BETWEEN 0.095% and 0.105% INCLUSIVE

☐ 0.080% STANDARD - MUST READ BETWEEN 0.076% and 0.084% INCLUSIVE

☐ 0.040% STANDARD - MUST READ BETWEEN 0.038% and 0.042% INCLUSIVE

TEST 1 101	TEST 2 100	TEST 3 100
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☒ RFI DETECTOR OPERATING

INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:  
(DO NOT INCLUDE SELF-ADMINISTERED TESTS)

REFUSALS 0	(0-.04) 1	(.05-.09) 2	(.10-.14) 4	(.15-.19) 4	(OVER .19) 0
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List any new parts and describe any alteration or modification that was made to restore the instrument to operate satisfactorily and within established limits (use other side if necessary).

New Battery

INSPECTING OFFICER

SIGNATURE P.O. Jason O'Bar	PRINT NAME P.O. Jason O'Bar
TYPE II PERMIT NUMBER/EXPIRATION DATE 230305 12/11/15	TELEPHONE NUMBER (636) 296-2222

Return completed report to the: Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office  
2875 James Boulevard  
Poplar Bluff, MO 63901



**GUTH LABORATORIES, INC.**

530 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-564-5470

## CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 14220 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on September 25, 2014, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1209% (w/vol) ethyl alcohol. The expiration date for this lot number is September 24, 2016 at 11:59 PM.

When used in a calibrated Simulator, operating at 34°C +/- .2°C, this solution will give a breath alcohol analysis instrument reading of 0.100 g/210L +/- 3%.

The alcohol and water used in this solution were free of test interfering substances.

Ted L. Pauley, President  
GUTH LABORATORIES, INC.

***NIST Traceability:***

*Testing was conducted using Cerilliant Reference Standard lot number FN08051301 whose values are traceable to NIST.*

*All balances are calibrated annually by an outside agency using NIST traceable weights. Calibration verification is done prior to each use utilizing NIST traceable weights.*



STATE OF MISSOURI  
DEPARTMENT OF HEALTH AND SENIOR SERVICES  
BREATH ALCOHOL PROGRAM

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**PERMIT**  
**TYPE II**  
**JASON W O'BARR**

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

**ALCO-SENSOR IV WITH PRINTER, DATAMASTER**


for the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of sections 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

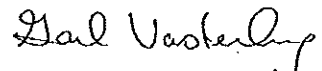
DATE 12/11/2013

NUMBER 230305

EXPIRES 12/11/2015

MO 560-0771 (6-10)

  
DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

  
acting director  
DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (10-10)

 **STATE OF MISSOURI**  
DEPARTMENT OF HEALTH AND SENIOR SERVICES  
BREATH ALCOHOL PROGRAM

**INSTRUMENT OPERATOR CARD**

The named cardholder is authorized to operate an evidential breath alcohol instrument for the determination of the alcoholic content in breath form of expired air in Missouri.



Operator O'BARR, JASON  
Permit No 230305  
Date Issued 12/11/2013 Date Expires 12/11/2015

AS IV Serial no: 087963  
Version no: 532B

TEST RECORD 00216

Temp Date Time 210L

Air Blank:  
06/07/15 02:03 .000  
Calibration Check:  
23 06/07/15 02:03 .100

Subject Name

Test

Subject I.D.

Test

Operator Name, I.D.

PO/m/128

Location

2101 Jiffco Blvd

AS IV Serial no: 087963  
Version no: 532B

TEST RECORD 00215

Temp Date Time 210L

Air Blank:  
06/07/15 02:01 .000  
Calibration Check:  
22 06/07/15 02:01 .101

Subject Name

Test

Subject I.D.

Test

Operator Name, I.D.

PO/m/128

Location

2101 Jiffco Blvd

AS IV Serial no: 087963  
Version no: 532B

TEST RECORD 00218

Temp Date Time 210L

VOITH RFI  
12 06/07/15 02:06

Subject Name

Test

Subject I.D.

Test

Operator Name, I.D.

PO/m/128

Location

2101 Jiffco Blvd

AS IV Serial no: 087963  
Version no: 532B

TEST RECORD 00217

Temp Date Time 210L

Air Blank:  
06/07/15 02:04 .000  
Calibration Check:  
23 06/07/15 02:04 .100

Subject Name

Test

Subject I.D.

Test

Operator Name, I.D.

PO/m/128

Location

2101 Jiffco Blvd

State of Missouri )  
 )  
COUNTY OF JEFFERSON ) SS.

**AFFIDAVIT**

Before me, the undersigned authority, personally appeared, **Patn. Jason O'Barr**, who being by me duly sworn, deposed as follows.

My name is **Patn. Jason O'Barr #128**, I am of sound mind, capable of making this affidavit, and personally acquainted with the facts herein stated:

I am the custodian of the records of the **BREATHALYZER MAINTENANCE RECORDS FOR THE ARNOLD POLICE DEPARTMENT**. Attached hereto are 5 pages of records from the **ARNOLD POLICE DEPARTMENT**. These 5 pages of records are kept by the **ARNOLD POLICE DEPARTMENT** in the course of business, and it was the regular course of business of the **ARNOLD POLICE DEPARTMENT** for an employee or representative of the **ARNOLD POLICE DEPARTMENT**, with the knowledge of the act, event, condition, opinion, or diagnosis recorded to make the record to transmit information thereof to be included in such record; and the record was made at or near the time of the act, event, condition, opinion, or diagnosis. The records attached hereto are the original or exact duplicates of the original.

Patn. Jason O'Barr #128  
Affiant

In witness whereof I have hereunto subscribed my name and affixed my official seal this 10th day of June, 2015.

Ruth H. Robinson  
(Signed)

(Seal)

